

In re application of: Tarara et al.	Group No: 1611
Application No: 09/886,296	Examiner: Welter, Rachael E
Confirmation No: 6348	Attorney Docket No: 53250-US-CNT[3] (NK.0054.10)
Filed: June 21, 2001	
Title: ENGINEERED PARTICLES AND METHODS OF USE	September 22, 2009 San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
	Via EFS	Extension (Months)	Extension Fee
Large Entity			Small Entity
<input checked="" type="checkbox"/> Notice of Appeal <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	<input type="checkbox"/> One Month	\$130.00	\$65.00
	<input type="checkbox"/> Two Months	\$490.00	\$245.00
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
	Total \$ <u>0.00</u>		
	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	44	44	0	\$52.00	\$26.00	\$0.00
Independent Claims	2	2	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Notice of Appeal	\$540.00	and/or	
Total	\$540.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$ <u>0.00</u> .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555	
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$540.00</u> .		Please continue to send correspondence to:	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):		NOVARTIS	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically submitted via EFS on the date shown below:		Corporate Intellectual Property	
By: <u>Melanie Hitchcock</u> Date: <u>September 22, 2009</u>		One Health Plaza 104/3	
Melanie Hitchcock		East Hanover, NJ 07936-1080	
		Respectfully Submitted,	
		By: <u>Guy V. Tucker</u> Date: <u>September 22, 2009</u>	
		Guy V. Tucker	
		Registration No. 45,302	